

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">88612</div>	
County of <u>Columbia</u>		Registration District No. <u>8 R</u>		Registered No. <u>53</u> (For use of Local Registrar)	
Township of .....					
or Inc. Town of <u>H. Menden</u>					
or City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>William Thomas Whoby</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 7 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Whoby</u>			(14) NAME BEFORE MARRIAGE <u>Lottie Brecken</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>H. Menden S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>H. Menden S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Shoe &amp; Hammer Maker</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>5 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lane X Smith</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>H. Menden</u>					
Given name added from a supplemental report			(26) Witness <u>W. R. Ash</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>Dec 9 1916</u> (28) <u>W. R. Ash</u> Local Registrar.		
Registrar					

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.